

What works? What fails?



FINDINGS FROM THE NAVRONGO COMMUNITY HEALTH AND FAMILY PLANNING PROJECT

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Navrongo Health Research Centre

REAL PROBLEMS, REEL SOLUTIONS

USING FILMS FOR HEALTH EDUCATION

Introduction

The idea of using drama film shows to disseminate health messages to the communities within the Kassena-Nankana District was first proposed in 1998. Ms. Charity Assibi Bukari, the Yezura Zenna (YZ) Coordinator, thought about a more lively way of putting health messages across to the community. The initiative was embraced and the drama troupe of the St. John Bosco's Teacher Training College in Navrongo was asked to collaborate on film shows for health education. The College authorities and the drama troupe were ready and willing to take up the challenge and an agreement was soon reached for the project to begin. The two main objectives of this initiative were to maintain closer links with the communities, and to disseminate health information more effectively.

Drama can focus communication on themes that would be controversial to discuss in an open forum. Moreover, drama can portray everyday problems in a manner that ordinary people can identify with. But drama is expensive and unwieldy to replicate on a large scale. Filming provides a low-cost alternative to village drama that increases coverage



Reel solutions to improving people's lives

and expands the audience. Using a projector powered by portable generators makes it possible to attract community members to evening viewing sessions. Crowds are large and the demand for "night durbars" is now apparent throughout the district.

How Themes are Determined

- Problems are usually identified from the field during CHO, YZ/YN supervisory visits and community durbars and also from research findings and survey reports. A single theme is identified and a script is developed around the theme.
- The drama troupe conducts a number of rehearsals. The last rehearsal is normally done at the Navrongo Health Research Centre (NHRC) in order for the staff to appraise the performance. Comments and suggestions are incorporated into the final script after which shooting is only a few communities away. The drama is acted in Kasem and Nankam, the two main languages in the district.
- A community is identified in which to perform and film the final production of the drama. The Communication Unit is responsible for video recording onto VHS videocassettes.
- The videocassettes are edited and prepared for showing to other communities usually at evening durbars. A health specialist goes with the night outreach team to answer questions that may come up after people have watched the film.

So Far, How Far?

The first script had the title *Male Involvement in Family Planning*. This theme was deemed necessary because, from observation, it is mainly women who get involved in family planning, although they are not able to assert their reproductive choices. To succeed in family planning, men must necessarily be involved since they are the family heads and can prevent the women from accessing family planning services.

Male Involvement in Family Planning portrays two families. Members of family A do not plan their family and have more children that they can care for. Some of the children drop out of school, one teenage girl gets pregnant while still in school, another takes to loose living and ends up contracting HIV/AIDS and succumbs to the disease, one boy takes to drugs and goes mad, and another resorts to armed robbery for a living and ends up in jail.



Taking advantage of the darkness to get health messages across to the community

There is general unhappiness and rampant quarrelling in the family. Family B, on the other hand, plan their family and are able to educate their children. The little they have is enough for all of them and an atmosphere of happiness and cheerfulness pervades



Play-acting is serious business

the household. This film has been shown in Cell 1 to boost family planning messages given by YZ. It has also been screened in Cell 2 where CHO operate.

Two anti-female genital mutilation (FGM) scripts have been developed and filmed and are being used in the eastern part of the District where an intervention to eradicate the practice is taking place. Two other films currently being shown are:

The 'Spirit Child'. This film is a direct attack on the practice among some communities to kill babies who are born with disabilities based on the claim that they are spirit children who would, if not eliminated, kill their mothers. In the drama, a child is born with a big head and twelve fingers. It is declared a spirit child and a spirit doctor is called upon to kill it before it hurts its parents. The baby is secretly sent to an orphanage for protection. The child grows up, completes his education, and becomes an Agricultural Extension Officer. He returns to work in his own village and supports his people.

The Story Is Told. This film educates people on the HIV/AIDS pandemic—symptoms, ways of acquiring it, and how to cope with

someone who has contracted HIV/AIDS. The main character who failed to stay faithful to his wife contracts HIV. He infects his wife and child who die. When he himself tests positive, he decides to educate the society by using his own life as an example.

Impact

These films—especially *Male Involvement in Family Planning*—are a tremendous success. Comments gathered during night outreach indicate that the shows have had an impact on both couples and the youth. Some suggestions have been made to include a scene in which parents advise their children to desist from engaging in premarital sex and remain faithful in marriage. People have also lauded the film as very educational and recommended that more films in that vein should be shown to communities. Men have reportedly gone to YZ with their wives to request family planning services. During one session an old man was apparently overwhelmed by what he saw and expressed sentiments interpreted as regret: "The film is very educative. Unfortunately it is too late for old people like me. I will make it a point to get my children, both boys and girls, to practice family planning and have just the number of children that they can adequately take care of. Things are rather difficult these days..."

Others have not been so enthusiastic about our efforts. They have expressed disagreement with the promotion of family planning services accusing health workers of assisting their wives make reproductive choices without the knowledge or consent of their spouses. These concerns may be genuine but when the weights are put in the scales, the promotion of family planning seems worthwhile and the idea seems to be steadily gaining acceptance in the district.

Challenges

Even though the authorities and officers in-charge of the drama project are doing their best, there are a few challenges to overcome.

- The night outreach crew confronts difficult terrain, which is made even more difficult because of night travel. A video van, instead of a pick-up truck, is needed to appropriately transport, protect, and prolong the life span of the video equipment
- Some communities are often not punctual so the night outreach programmes do not start on time—causing programmes to go deep enough into the night that community members become too tired to ask questions at the end of the show. A solution is sought to this problem so that the full benefit of these night outreach sessions is reached.

Conclusion

The Kassena-Nankana District has recorded favourable indicators in health. More couples than ever before go to family planning clinics for advice on how to plan their families. The practice of FGM is on a steady decline. The films have obviously had some influence on the audience but the extent of this impact cannot be stated in categorical terms until an impact assessment in the experimental area has been done. To improve the quality of the films community members should be co-opted into the cast and also given the opportunity to view dry runs and give input before the final filming.

Send questions or comments to: What works? What fails?

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This series has been launched to share experiences with people in Ghana and elsewhere around the world about what has worked and what has failed in an experiment to make primary health care widely accessible to rural people. The Kassena-Nankana community, whose active participation made *The Navrongo Experiment* possible, is hereby duly acknowledged. This publication was made possible through support provided by the Office of Population, Bureau for Global Programs, Field Support & Research, U.S. Agency for International Development, under the terms of Award No. HRN-A-00-99-00010. The opinions expressed herein are those of the authors and do not necessarily reflect the views of the U.S. Agency for International Development. Additional support was provided by a grant to the Population Council from the Bill and Melinda Gates Foundation.